

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 07/16/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/18/2006						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8800	2	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		0	0		0	2	2	0
3404904	WESTERN HIGHLAN DS LME	3411	179	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		79	58	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	287	7474	7187
		143	30	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404910	PATHWAYS	11	135	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8933	34	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	46	222	2332	2110
		5404	17	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD				
3404912	CATAWBA COUNTYM ENTAL HEALT	4807	5	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	14	381	367
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	11	597	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8935	15	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	15	612	612	0
3404916	CROSSROADS BEHA VIOAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	21	774	DUPLICATE OF CLAIM-SYSTEM				
		8599	382	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	146	2021	6905	4884
		143	154	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	205	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	77	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	44	452	13654	13202
		5404	53	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD				
3404920	ALAMANCE CASWEL L AREA MH D	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	31	32	1
3404921	ORANGE PERSON C HATHAM AREA	3411	15	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		5404	2	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD	0	17	100	83
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	FIVE COUNTY MH	11	398	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	668	1391	723
		8534	56	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	339	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	116	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	147	782	8822	8040
		11	90	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	3411	200	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	155	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	633	3228	2595
		11	100	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927	CUMBERLAND CO M HC	8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	5	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	20	522	502
		4807	5	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE				

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	11	101	1244	1143
		537	4	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404931	WAKE CO HUM SVC BILLING OF	21	57	DUPLICATE OF CLAIM-SYSTEM				
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	130	1070	940
		8518	7	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8329	1	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		0	0		0	1	1	0
3404934	ONSLow CARTERET BEHAV HEAL	11	2415	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		120	82	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	1	2674	2786	112
		8599	79	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	4	DUPLICATE OF CLAIM-SYSTEM				
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2	6	152	146
3404937	EDGEcombe NASH MNTL HLTH C	21	11	DUPLICATE OF CLAIM-SYSTEM				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	27	245	218
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404939	NEUSE MENTAL HE ALTH CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	150	150

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3404941	PITT_CO MH/DD/S AS CENTER	4102	65	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
		21	48	DUPLICATE OF CLAIM-SYSTEM	0	169	538	369
		3411	29	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	80	DUPLICATE OF CLAIM-SYSTEM				
		3411	57	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	5	180	619	439
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	21	59	DUPLICATE OF CLAIM-SYSTEM				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	25	141	1334	1193
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8534	295	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		21	131	DUPLICATE OF CLAIM-SYSTEM	1	781	1610	829
		8536	123	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA FRO	8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	73	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	79	499	7684	7185
		11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE				